

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/8/03</u>		2 Serial/Patent # <u>6,081,221</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
X	Cert of Correction/Terminal Disc.	8	7/17/03	\$ 100						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
<i>Patent &amp; Trademark Services, Inc.</i> <i>Attn: Joseph H. McGlynn</i> <i>1011 Saddle Horn Drive</i> <i>Fairfax, VA 22030</i>		7 TOTAL AMOUNT OF REFUND		\$ 100						
10 REASON:		8 TO BE REFUNDED BY:								
	Overpayment	<input checked="" type="checkbox"/> Treasury Check <u>CC</u>								
	Duplicate Payment	Credit Deposit A/C #:								
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--			
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<i>Petition for COFC Dismissed.</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Potstomer</u>								
SIGNATURE: <u>ASmith</u>		PHONE: <u>703/308-6711</u>								
OFFICE: <u>Off. of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alisa Tully</u>		DATE: <u>10/29/03</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**